



LOCAL 400 AND THE DEPARTMENT OF TRANSPORTATION

SICK LEAVE BANK



WITHDRAWAL FORM
APPLICATION TO REQUEST TIME FROM THE BANK

The State and Local 400, IFPTE, have agreed to establish a Sick Leave Bank to assist employees with a catastrophic illness or injury who have *exhausted all their sick, vacation and personal time*. Employees who have contributed to the Sick Leave Bank may request to withdraw time. Employees may not be eligible to draw sick leave from the Bank if there is evidence of prior sick leave abuse in his/her personnel file or attendance records.

Name: _____ Division: _____

Title: _____ Section: _____

Home Address: _____

Payroll Account Number: _____ Workweek: ____ (35 hr.) or ____ (40 hr.)

{For each item below, attach any additional information to this form}

1. Nature of your catastrophic illness or injury (not job related):

2. Approximate date when your accrued time will be exhausted: _____

3. Number of days being requested at this time: _____

4. Name of Doctor and/or Medical Facility: _____

5. Please attach all doctors' notes and copies of other pertinent records to this application.

I agree to permit the Sick Leave Bank Committee to verify the above information, and to review time records for prior Sick Leave abuse.

Signed _____ **Date** _____

Return to: Office of Human Resources, Room 214, 2 Capitol Hill, Providence, RI 02903

For Payroll use only: Account No. _____ Workweek: _____
Number of Hours Approved: _____ Effective Dates: _____ to _____